| | | | | NSE | |
|--|--|--|--|-----|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Report Period

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

| NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S) | CATEGORY: (See Previous Page) NRS:294A:365 | DATE OF EACH EXPENSE | AMOUNT OF EACH EXPENSE |
|---|--|-------------------------|---------------------------|
| Time Printine 1224 Western AV Las Vegas NV 89102 (invoice late) | Inkind Lamurague | 3/28/03 | \$1200.00 |
| J' Cinvoice late) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |